



HOWARD COUNTY DEPARTMENT OF FINANCE

P.O. Box 3370

■ Ellicott City, Maryland 21041

■ 410-313-4076

Division of Property Tax Accounting

FAX 410-313-4099

TDD 410-313-2323

Enclosed you will find an application for the Trash Collection Fee Credit for the period covering July 01, 2010 through June 30, 2011

The deadline for filing this application is September 30, 2010.

Please Note the Following:

>You must reside in the property for which refuse collection services are provided

>Proof of Income is required as follows:

First two (2) pages of your 2009 Federal Tax Return. If any other members of your household file a Federal Tax Return, they must also submit the first two pages.

Copy of your 2009 Social Security SSA-1099 form (if applicable). If any other members of your household receive social security, copies of their SSA-1099 forms must also be submitted.

>A copy of your driver's license is required. If you do not have a driver's license, send some other picture form of identity.

The trash fee credit is based on household size and also on total gross household income and not on adjusted gross income. The current fiscal year income levels to qualify are:

<u>Household Size</u>	<u>Maximum Gross Income</u>
1	\$27,075.00
2	\$36,425.00
3	\$45,775.00
4	\$55,125.00

If you have more than 4 persons in your household, contact the Department of Finance at 410-313-2061 to find the maximum gross income in order to qualify.

If you have questions on how to calculate your total gross household income, call 410-313-2061.

Mail your application and supporting documentation to:

Howard County Department of Finance

P.O. Box 3370

Attn: Trash Fee Credit

Ellicott City, MD 21041-3370



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TRASH COLLECTION FEE GRANT PROGRAM APPLICATION PERIOD: JULY 1, 2010 THRU JUNE 30, 2011

Please print, except where signature is required

NAME: _____

PARCEL#: _____
(as shown on your property tax bill)

ADDRESS: _____

TELEPHONE #: _____

HOMEOWNER'S GROSS INCOME \$ _____

LIST OTHER HOUSEHOLD MEMBERS:

NAME	DOB	SSN	INCOME	SOURCE
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TOTAL GROSS HOUSEHOLD INCOME (not adjusted gross income): \$ _____

Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2009? ☐ Yes ☐ No

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISINFORMATION OR REFUSAL TO DISCLOSE INFORMATION WHICH IS ESSENTIAL FOR A DETERMINATION OF ELIGIBILITY IS A BASIS FOR DISAPPROVAL OF MY APPLICATION. ALSO, I HEREBY AUTHORIZE THE HOWARD COUNTY DEPARTMENT OF FINANCE TO VERIFY/OBTAIN ANY INFORMATION AND DOCUMENTATION WHICH WILL ASSIST IN DETERMINING MY ELIGIBILITY FOR ASSISTANCE.

APPLICANT'S SIGNATURE _____

DATE _____

Mail to: Howard County Department of Finance
P.O. Box 3370
Attn: Trash Fee Credit
Ellicott City, MD 21041-3370



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TRASH COLLECTION FEE GRANT PROGRAM APPLICATION LEVY PERIOD: JULY 1, 2010 THRU JUNE 30, 2011

Please print, except where signature is required

NAME: _____

ID: _____

ADDRESS: _____

MOBILE PARK NAME: _____

TELEPHONE #: _____

LIST OTHER HOUSEHOLD MEMBERS:

NAME	DOB	SSN	INCOME	SOURCE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL GROSS HOUSEHOLD INCOME: \$ _____

Did you or will you, and/or your spouse, file a Federal Income Tax Return for 2009? ☐ Yes ☐ No

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT MISINFORMATION OR REFUSAL TO DISCLOSE INFORMATION WHICH IS ESSENTIAL FOR A DETERMINATION OF ELIGIBILITY IS A BASIS FOR DISAPPROVAL OF MY APPLICATION. ALSO, I HEREBY AUTHORIZE THE HOWARD COUNTY DEPARTMENT OF FINANCE TO VERIFY/OBTAIN ANY INFORMATION AND DOCUMENTATION WHICH WILL ASSIST IN DETERMINING MY ELIGIBILITY FOR ASSISTANCE.

APPLICANT'S SIGNATURE

DATE

Mail to: Howard County Department of Finance
P.O. Box 3370
Attn: Trash Fee Credit – Mobile Homes
Ellicott City, MD 21041-2748